ANNEX C
FORM 1

National School Deworming Day

Classroom Level

Province: ______________________________
Division: ______________________________
District: ______________________________
Name of School: ______________________________
School Address: ______________________________
Enrolment: ______________________________
Grade Level & Section: ______________________________

Name of Child	Enrolment		Handwashing Done	Feeding Done	Dewormed		Toothbrushing Done	Remarks	Action Taken
	4Ps	Non 4Ps			4Ps	Non 4Ps			

Accomplished by: ______________________________
Class Adviser

Noted by: ______________________________
Grade Level Chairman

Date Accomplished ______________________